

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City

Registration District No. ....

Primary Registration District No. ....

St. Joseph Hospital

File No. ....

Registered No. ....

St. ....

Ward) ....

2. FULL NAME Mrs. Neoma M. Penticuff

(a) Residence, No. 2530 E. 68th St Terrace

(Usual place of abode)

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Dean Penticuff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1918

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

35 19

2

23

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

At Home

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

Otha V. Williams

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Bertha Kramer

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

Dean Penticuff  
2530 E. 68th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lawry City,

DATE

10-24-

37

19. UNDERTAKER

(ADDRESS)

Wamsley Funeral Home  
Independence, Mo.

20. FILED

10-24

19

37 M. M. Crook

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10-22-37

22. I HEREBY CERTIFY, That I attended deceased from

10/19

, 19

37, to

10/22

, 19

37

I last saw him alive on 10/22, 19 37. Death is said

to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis  
Pneumonia  
Acute nephritis

Date of onset

Other contributory causes of importance:

Criminal abortion

Name of operation abortion

Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

William

M. D.

(Address)

10307 Sulphur Ave KC MO

